

Case Number:	CM15-0099150		
Date Assigned:	06/01/2015	Date of Injury:	03/23/2011
Decision Date:	06/30/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65-year-old male, who sustained an industrial injury on 3/23/2011. He reported a large patient fell on top of him, injuring his lumbar spine. The injured worker was diagnosed as having failed fusion syndrome, spinal stenosis, lumbar degenerative disc disease, lumbar myospasm and bilateral lower extremity radiculitis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, aqua therapy and medication management. In a progress note dated 4/27/2015, the injured worker complains of low back pain. Physical examination showed lumbar spine tenderness. Current medications include Zohydro, Norco and Ketoprofen. The treating physician is requesting Zohydro 30 mg #21 and Norco 10 mg #65. There is a history of drug related aberrant behaviors that is not address by the prescribing physician. It is documented that this individual has minimal activities.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Zohydro: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids functional improvement measures Page(s): 78-80; 48.

Decision rationale: MTUS Guidelines have very specific standards that are recommended to justify the long-term use of opioid medications. These standards include quantification of pain relief from opioid use, measures of functional improvement as a result of their use and screening for and addressing aberrant behaviors associated with opioid use. These standards are not met with this individual. No functional measures/improvements are documented. Also, with the history of being discharged from care due to drug related aberrant behaviors, Guidelines recommend that opioids not be utilized or there should be good rationale for reinstatement with close monitoring for misuse. Neither necessary step appears to be instituted with the prior history of medication problems. Under these circumstances, Guidelines do not support the use of Zohydro, the Zohydro is not medically necessary.

Norco: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Functional improvement measures Page(s): 78-80; 48.

Decision rationale: MTUS Guidelines have very specific standards that are recommended to justify the long-term use of opioid medications. These standards include quantification of pain relief from opioid use, measures of functional improvement as a result of their use and screening for and addressing aberrant behaviors associated with opioid use. These standards are not met with this individual. No functional measures/improvements are documented. Also, with the history of being discharged from care due to drug related aberrant behaviors, Guidelines recommend that opioids not be utilized or there should be good rationale for reinstatement with close monitoring for misuse. Neither necessary step appears to be instituted with the prior history of medication problems. Under these circumstances, Guidelines do not support the use of Norco, the Norco is not medically necessary.